

Hello Latin America & Canada!

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Point of Service Fees for TRICARE Global Remote Overseas (TGRO) Locations

Effective 1 January 2005, all TGRO Prime family member beneficiaries will be required to coordinate their non-emergency host nation/civilian healthcare through International SOS or pay Point of Service (POS) deductible and cost share fees on their medical claims. Active duty service members who do not coordinate their non-emergency host nation/civilian healthcare through International SOS may not have their claims reimbursed.

Read the entire Health Affairs Policy on the web at:

http://services.tma.osd.mil/tricare_search/jsps2/webmain.jsp?NewQueryText=ha+policy+letters&SearchOption=, select “Health Affairs Policies” icon at the top right of the screen then select policy number 04-021.

OCONUS Organizations With Implied TRICARE Affiliation

TRICARE Management Activity (TMA) has received several complaints from many overseas beneficiaries concerning the business practices of healthcare organizations that have implied an ‘Official’ relationship with TRICARE. Organizations such as Health Visions and CyberCare have been advised in writing that the following are inappropriate activities and constitute fraudulent billing:

- Claims submitted for non-covered services by disguising them as covered services.
- Claims that involve flagrant and persistent over-utilization of services.
- Billing for services not provided.
- Arrangements designed to overcharge TRICARE through the use of fee-splitting, commissions or kick-backs to conceal improper costs.
- Claims for services that are not medically necessary.
- Charging TRICARE beneficiaries for services at a higher rate than normally charged to others.
- Waiving the deductible or cost-share fee and/or offering a financial inducement to seek care.
- Engaging in any practice resulting in a waiver of deductibles or cost-shares.
- Failure to promptly refund the U.S. Government any dollars resulting from inappropriate billing.

Read the entire publication from TRICARE Pacific on the web at:

<http://tricare15.army.mil/infodocs/InfoLetterHVCetc.pdf>.

Change in “Deemed Enrolled” Period For Newborn Children

Health Affairs Policy 04-020 reduces the “Deemed Enrolled” period from 120 days to 60 days effective 1 January 2005. This is the period where newborn healthcare claims are paid as Prime as long as one of the parents are enrolled in TRICARE Prime at the time of child delivery. Since all active duty service members are considered Prime, this applies to all active duty families. It is imperative that active duty families with newborn children register them in DEERS as soon as possible and complete an enrollment form as soon as possible.

Read the entire policy letter on the web at: Read the entire Health Affairs Policy on the web at:

http://services.tma.osd.mil/tricare_search/jsps2/webmain.jsp?NewQueryText=ha+policy+letters&SearchOption=, select “Health Affairs Policies” icon at the top right of the screen then select policy number 04-020.

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Dear TLAC TRICARE POCs:



Here are a few items that will be of interest:

- Welcome Aboard. **Colonel Morakinyo Toney, USA, MC** is the new TLAC Clinical Consultant. He divides his time between TLAC and his role as Director of Clinical Services for the Army Southeastern Regional Medical Command. Colonel Toney, an Internal Medicine specialist, brings a wealth of clinical knowledge and experience to the TLAC staff.
- Welcome Aboard. **Ms. Rosa Baunchalk, RN** recently joined the TLAC staff as Nurse Consultant and Case Manager. She, too, brings a high level of clinical knowledge and experience. Earlier in her life, she served on active duty as an Army Nurse. She also speaks Spanish fluently! To provide understanding about what a “Case Manager” does, please see a short description of that function in her note below. Ms. Baunchalk will be a contributor to future Blurbs on a variety of topics related to nursing and preventative health care.
- Country Visits with International SOS (ISOS). Our most recent joint visit with ISOS authorities was to **Lima, Peru**. The trip was informative and very useful in helping both the contractor and our office to assess and monitor local health care conditions and contract compliance. We were especially appreciative of the Military Assistance Group TRICARE POC, **Mr. Bill Miller**, who gave us superb support every step of the way.
- Provider Credentials Audit. A team from TLAC recently completed a thorough audit of the credentialing files of nearly all International SOS-affiliated providers that come under TLAC. You have our personal assurance that these providers are highly trained, competent, knowledgeable and professional.

Please stay healthy and thanks again for your great work!

CAPT Paul W. Lund, MSC, USN
Director, TRICARE Area Office
Latin America & Canada

Hey Folks!

As your new Case Manager I'm happy to be part of the TLAC Team. This is a great bunch of people and they truly have your best interest at heart. I am already working closely with your host nation providers, International SOS Staff, TRICARE POCs and beneficiaries, to insure you receive the highest quality of care.

If it ever becomes medically necessary for you to return to CONUS for care, I will contact the patient personally to discuss concerns and preferences and work with the other TLAC Staff here at Fort Gordon to secure timely appointments for treatment and procedures.

What I do technically: Case Management (CM) is a healthcare delivery process, which depends on the collaboration between the beneficiary, primary care providers and the case managers. This process is particularly important with those who are suffering from catastrophic and or high risk or costly injuries or illnesses. The Military Health System (MHS) defines case management as “a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet an individual’s health needs through communication of available resources to promote quality, cost-effective outcomes”.

I look forward to working with you and providing you with information to keep you up to date and healthy. Feel free to call me if you have any questions at 706.787.2080.

Take care and be well!

Ms. Rosa Baunchalk, RN
Nurse Consultant
TRICARE Area Office
Latin America & Canada

Interim Influenza Vaccination Recommendations

2004–05 Influenza Season October 05, 2004

On October 5, 2004, CDC was notified by Chiron Corporation that none of its influenza vaccine (Fluvirin®) would be available for distribution in the United States for the 2004–05 influenza season. The company indicated that the Medicines and Healthcare Products Regulatory Agency (MHRA) in the United Kingdom, where Chiron's Fluvirin vaccine is produced, has suspended the company's license to manufacture Fluvirin vaccine in its Liverpool facility for 3 months, preventing any release of this vaccine for this influenza season. This action will reduce by approximately one half the expected supply of trivalent inactivated vaccine (flu shot) available in the United States for the 2004–05 influenza season.

The remaining supply of influenza vaccine expected to be available in the United States this season is nearly 58 million doses of Fluzone® (inactivated flu shot) manufactured by Aventis Pasteur, Inc. Of these doses, approximately 30 million doses already have been distributed by the manufacturer. In addition, approximately 3 million doses of live attenuated influenza vaccine (LAIV/FluMist®) manufactured by MedImmune will be available this season.

Because of this urgent situation, CDC, in coordination with its Advisory Committee for Immunization Practices (ACIP), is issuing interim recommendations for influenza vaccination during the 2004–05 season. These interim recommendations were formally recommended by ACIP on October 5, 2004, and take precedence over earlier recommendations.

Priority Groups for Influenza Vaccination

The following priority groups for vaccination with inactivated influenza vaccine this season are considered to be of equal importance and are:

- all children aged 6–23 months;
- adults aged 65 years and older;
- persons aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during the influenza season;
- residents of nursing homes and long-term care facilities;
- children aged 6 months–18 years on chronic aspirin therapy;
- health-care workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged <6 months.

Other Vaccination Recommendations

- Persons in priority groups identified above should be encouraged to search locally for vaccine if their regular health-care provider does not have vaccine available.
- Intranasally administered, live, attenuated influenza vaccine, if available, should be encouraged for healthy persons who are aged 5–49 years and are not pregnant, including health-care workers (except those who care for severely immunocompromised patients in special care units) and persons caring for children aged <6 months.
- Certain children aged <9 years require 2 doses of vaccine if they have not previously been vaccinated. All children at high risk for complications from influenza, including those aged 6–23 months, who present for vaccination, should be vaccinated with a first or second dose, depending on vaccination status. However, doses should not be held in reserve to ensure that 2 doses will be available. Instead, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-serve basis.

Vaccination of Persons in Nonpriority Groups

Persons who are not included in one of the priority groups described above should be informed about the urgent vaccine supply situation and asked to forego or defer vaccination.

Persons Who Should Not Receive Influenza Vaccine

Persons in the following groups should not receive influenza vaccine before talking with their doctor:

- persons with a severe allergy (i.e., anaphylactic allergic reaction) to hens' eggs and
- persons who previously had onset of Guillain-Barré syndrome during the 6 weeks after receiving influenza vaccine

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Recomendaciones provisionales para la vacunación contra la influenza durante la temporada de auge del 2004–05 5 de octubre de 2004

El 5 de octubre del 2004, Chiron Corporation notificó a los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés) que la vacuna contra la influenza (Fluvirin®) elaborada por esta empresa no estará disponible para su distribución en los Estados Unidos durante la temporada de auge de influenza en el 2004–05. La empresa indicó que la Agencia Reguladora de Medicamentos y Productos de Atención Médica (MHRA, por sus siglas en inglés) del Reino Unido, donde se produce la vacuna Fluvirin de Chiron, ha suspendido la licencia de la empresa para elaborar la vacuna Fluvirin en sus laboratorios de Liverpool por tres meses, lo cual anulará el despacho de dicha vacuna durante esta temporada de auge de la influenza. Esta acción reducirá por aproximadamente una mitad los suministros esperados de vacuna inactivada trivalente (inyección contra la gripe, es decir, el "flu") disponibles en los Estados Unidos durante la temporada de auge de la influenza en el 2004–05.

Los otros suministros que se esperan estar disponible en los Estados Unidos esta temporada consisten de casi 58 millones de dosis de Fluzone® (inyección inactivada contra la gripe, es decir, el "flu") elaborada por Aventis Pasteur, Inc. De estas dosis, aproximadamente 30 millones ya han sido distribuidas por el fabricante. Además, aproximadamente 3 millones de dosis de vacuna viva atenuada de influenza (LAIV/FluMist®) elaboradas por MedImmune estarán disponibles durante la temporada en cuestión.

A razón de esta situación urgente, los Centros para el Control y la Prevención de Enfermedades, en coordinación con el Comité Consultor para Prácticas de Inmunización (ACIP, por sus siglas en inglés), emitieron las siguientes recomendaciones provisionales para la vacunación contra la influenza durante la temporada de auge del 2004–05. El Comité Consultor para Prácticas de Inmunización formalmente dictó dichas recomendaciones provisionales el 5 de octubre del 2004, las cuales adquieren precedencia sobre recomendaciones anteriores.

Grupos de prioridad para recibir la vacuna contra la influenza

Se considera de igual importancia que los siguientes grupos de prioridad reciban la vacuna inactivada contra la influenza:

- niños entre 6 y 23 meses de edad;
- adultos de por lo menos 65 años de edad;
- personas entre 2 y 64 años de edad que padecen crónicas condiciones médicas subyacentes;
- toda mujer embarazada durante la temporada de auge de influenza;
- residentes de asilos para ancianos e instituciones de cuidado a largo plazo;
- niños y adolescentes entre 6 meses y 18 años de edad recibiendo tratamiento crónico de aspirina;
- personal de atención médica tratando a pacientes directamente; y
- proveedores de cuidado y contactos familiares de niños menores de 6 meses.

Otras recomendaciones para la vacunación

- Se debe animar a las personas en los grupos de prioridad identificados anteriormente a buscar localmente la vacuna si su proveedor normal no la tiene disponible.
- Se debe instar a las personas saludables entre 5 y 49 años de edad, inclusive de personal de atención médica (excepto los que atienden a pacientes con inmunopatologías en unidades de cuidado especiales) y de personas cuidando de niños menores de 6 meses, a recibir la vacuna viva atenuada de influenza vía administración intranasal.
- Ciertos niños menores de 9 años requieren 2 dosis de la vacuna si nunca se han vacunado previamente. Todo niño con alto riesgo de complicaciones de la influenza, inclusive aquellos entre 6 y 23 meses de edad, que se presentan para recibir la vacuna, se deben vacunar con la primera o segunda dosis, según su estado de vacunación. Sin embargo, no se deben reservar las dosis para asegurar que habrá 2 dosis disponibles. Se deben adjudicar las vacunas disponibles a las personas en los grupos de prioridad por riguroso orden de solicitud o llegada.

Vacunación de personas en grupos sin prioridad

Se debe informar a las personas no incluidas en los grupos descritos anteriormente sobre la situación urgente de los suministros de vacuna y pedirles que suspendan o posterguen la vacunación.

Personas que no deben recibir la vacuna contra la influenza

Las personas en los siguientes grupos no deben recibir la vacuna contra influenza sin consultar con su médico:

- personas con una alergia severa a los huevos de gallina (p.ej., reacción alérgica anafiláctica) y
- personas que padecieron del síndrome de Guillain-Barré durante las primeras 6 semanas posteriores a la fecha de una vacuna previa.